

PATENT NUMBER

Jc853 U.S. PTO  
 09/660665  
 09/13/00

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|                      |          |
| Class                | Subclass |
| ISSUE CLASSIFICATION |          |

U.S. **UTILITY** Patent Application

**O.I.P.E.**

**PATENT DATE**

SCANNED

**Q.A**

|                              |                 |              |                |                   |                            |
|------------------------------|-----------------|--------------|----------------|-------------------|----------------------------|
| APPLICATION NO.<br>09/660665 | CONT/PRIOR<br>D | CLASS<br>604 | SUBCLASS<br>77 | ART UNIT<br>37623 | EXAMINER<br><i>Ther...</i> |
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## APPLICANTS

Donald McMichael

Enteral feeding adapter

**TITLE**

PTO-2040  
12/99

# CPA

## ISSUING CLASSIFICATION

[illegible]

|  |   |             |                                   |              |
|--|---|-------------|-----------------------------------|--------------|
| <input type="checkbox"/> <b>TERMINAL<br/>DISCLAIMER</b>  | <b>DRAWINGS</b>   |             | <b>CLAIMS ALLOWED</b>             |              |
|  | Sheets Drwg.  | Figs. Drwg. | Print Fig.                        | Total Claims |
| <input type="checkbox"/> The term of this patent subsequent to _____ (date) has been disclaimed. | _____ (Assistant Examiner) _____ (Date)   |             | <b>NOTICE OF ALLOWANCE MAILED</b> |              |
|  | <input type="checkbox"/> The term of this patent shall not extend beyond the expiration date of U.S Patent. No. _____<br>_____<br>_____ |             |                                   |              |
| <b>ISSUE FEE</b>   |   |             |                                   |              |
|  | _____ (Primary Examiner) _____ (Date)   |             | Amount Due                        | Date Paid    |
| <input type="checkbox"/> The terminal ____ months of this patent have been disclaimed.           |   |             | <b>ISSUE BATCH NUMBER</b>         |              |
|  | _____ (Legal Instruments Examiner) _____ (Date)   |             |                                   |              |

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